

PTO  
APR 01 2002

Spencer Fane Britt & Browne, LLP  
1000 Walnut Street, Suite 1400  
Kansas City, MO 64106  
United States of America

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 5007117-1  
First Named Inventor JEVONS, Robert Eugene

**COMPLETE IF KNOWN**

Application Number 10 / 061,638  
Filing Date January 31, 2002  
Art Unit 2859  
Examiner Name

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THREE DIMENSIONAL SQUARE TOOL

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/31/2002 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:



## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number 021129 OR ☐ Correspondence address below  
or Bar Code Label

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Robert Eugene

Family Name  
or Surname Jevons

Inventor's  
Signature 

Date

3/11/02

Residence: City Kansas City

State KS

Country USA

Citizenship USA

Mailing Address 4137 Cambridge

City Kansas City

State KS

ZIP 66103

Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) Sharon Dian

Family Name  
or Surname Lee

Inventor's  
Signature 

Date

3/11/02

Residence: City Kansas City

State KS

Country USA

Citizenship USA

Mailing Address 4137 Cambridge

City Kansas City

State KS

ZIP 66103

Country USA

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

If this Declaration becomes separated from its file, please contact the Spencer Fane IP Group at 816-474-8100

10051638 040102

Please type a plus sign (+) inside this box → ☐



## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	Even Date Herewith
First Named Inventor	JEVONS, Robert Eugene
Title	3-D SQUARE
Group Art Unit	
Examiner Name	
Attorney Docket Number	5007117-1

I hereby appoint:

☒ Practitioners at Customer Number

21129 →

Place Customer  
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OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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City

State

Zip

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I am the:

☒ Applicant/Inventor.

☐

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Robert Eugene Jevons

Signature

Date

3/11/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Please type a plus sign (+) inside this box → ☐



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Individual Name

Address

Address

City

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Zip

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Sharon Dian Jevons LEE

Signature

*Sharon Lee*

Date

3/11/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.